



Mississippi Non-Resident / Part-Year Resident AMENDED Individual Income Tax Return 2008

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WI A

Duplex or Photocopies NOT Acceptable

Taxpayer Last Name	First Name	Middle Initial
Spouse Last Name	Spouse First Name	Spouse Middle Initial
Mailing Address (Number & Street, Including Rural Route)		
City	State	Zip

SSN

Spouse SSN

▲ YOU MUST ENTER SSN ▲

Residence County Code - See Instructions

- Mark an "X" in only one box
- ☐ 1. ☐ Married - Combined or Joint Return - Enter \$12,000 on Line 12.
- ☐ 2. ☐ Married - Spouse Died in Tax Year - Enter \$12,000 on Line 12. Enter Spouse Name and SSN in boxes provided above. Please enter surviving spouse first as taxpayer.
- ☐ 3. ☐ Married - Filing Separate Returns - Enter \$12,000 on Line 12. Enter Spouse Name and SSN in boxes provided above. (Cannot change from Joint to Separate after due date.)
- ☐ 4. ☐ Head of Family - Enter \$8,000 on Line 12. Provide Name, SSN, and Relationship of the Dependent Living in the Home with You on Line 6.
- ☐ 5. ☐ Single - Enter \$6,000 on Line 12.

6. Dependents (In column (B) enter C for child, P for parent, or R for relative)

(a) Name	(b)	(c) Dependent SSN

7. Mark "X" ONLY if:

☐ Taxpayer Age 65 or Over ☐ Taxpayer Blind

☐ Spouse Age 65 or Over ☐ Spouse Blind

8. Number of Dependents Listed on Line 6

9. Number of Boxes Marked "X" on Line 7

10. Total of Line 8 plus Line 9

11. Line 10 x \$ 1,500 = 00

12. Enter Amount from Lines 1 through 5. 00

13. Total (Line 11 plus 12). 00

14. If Filing MFS Returns, Enter 1/2 of Line 13. 00

COMPLETE SCHEDULE OF INCOME ON PAGE 2 BEFORE PROCEEDING FURTHER. The Exemption and Deduction (Standard or Itemized) Must be Prorated According to the Ratio of Mississippi Income to Total Income of Taxpayer and Spouse from all Sources.

15. Ratio Computation

a. MS Adjusted Gross Income

b. Total Adjusted Gross Income From All Sources

▶ (N)

c. Ratio, Line 15a Divided by 15b.

16. Standard or Itemized Deduction Computation

a. Standard or Itemized Deduction

b. MS Deduction, 16a Times 15c

17. Exemption Computation

a. Exemption, Line 13 above. (Line 14 if MFS)

b. MS Exemption, 17a Times 15c

	If Filing Combined Return, Use Column A for Taxpayer and Column B for Spouse, Otherwise Use Column A ONLY.	Column A (Taxpayer)	Round to Nearest Dollar	Column B (Spouse)
18. Mississippi Adjusted Gross Income (From Line 54 Page 2) ▶ (P)			00 ▶ (B)	00
19. Standard or Itemized Deductions (Line 16b) ▶ (F)			00 ▶ (H)	00
20. Amount of Exemption (Line 17b)			00	00
21. Mississippi Taxable Income (Line 18 minus Lines 19 & 20) See Instructions. If Less Than 0, Enter 0.			00	00
22. Total Income Tax Due (See page 8 of the Resident and Non-Resident Instructions).				00
23. Mississippi Income Tax Withheld (Must Attach W-2s).			▶ (W)	00
24. Estimated Tax Payments, Amount Paid with Extension and/or Amount Paid with ORIGINAL RETURN ▶ (E)				00
25. Other Credits (See Instructions.) Enter code for each type of credit claimed ▶ (O)				00
26. Overpayment from original return				00
27. Total Credits (Add Lines 23 through 25 less Line 26).				00
28. Enter Amount of Refund if Line 27 is Larger than Line 22.			REFUND ▶ (R)	00
29. Enter Balance Due if Line 22 is Larger than Line 27.			BALANCE DUE	00
30. Interest on Underpayment of Estimated Tax Payments.			▶ (I)	00
31. Interest and Penalty (See Instructions)			▶ (T)	00
32. TOTAL DUE (Add Lines 29, 30, and 31.) Attach Check or Money Order for Total Due payable to: State Tax Commission. (ENCLOSE PAYMENT VOUCHER 80-106)			TOTAL DUE ▶ (V)	00

PLEASE SIGN THIS TAX RETURN IN THE SIGNATURE AREA PROVIDED ON THE BOTTOM OF PAGE 2.

Mail AMENDED RETURN To: Office of Revenue, P.O. Box 23058, Jackson, MS 39225-3058

Complete the return as it should have been originally completed. Mark the circle by the line number for each line that was changed from the original return.



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Mississippi Non-Resident / Part-Year Resident **AMENDED** Individual Income Tax Return 2008

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Complete the return as it should have been originally completed. Mark the circle by the line number for each line that was changed from the original return.

OTHER INCOME		Total Income From All Sources		Mississippi Income ONLY	
<input type="radio"/> 33. Wages, Salaries, Tips, Etc. (Must Attach W-2s.)			00		00
<input type="radio"/> 34. Business Income (Loss) (Must Attach Fed. Schedule C or C-EZ)			00		00
<input type="radio"/> 35. Capital Gain (Loss) (Must Attach Fed. Schedule D)			00		00
<input type="radio"/> 36. Rent, Royalties, P-ships, S Corps, Trusts, etc. (Must Attach Fed. Schedule E)			00		00
<input type="radio"/> 37. Farm Income (Loss) (Must Attach Fed. Schedule F)			00		00
<input type="radio"/> 38. Interest Income			00		00
<input type="radio"/> 39. Dividend Income			00		00
<input type="radio"/> 40. Alimony Received			00		00
<input type="radio"/> 41. Taxable Pensions and Annuities			00		00
<input type="radio"/> 42. Unemployment Compensation (Must Attach Form(s) 1099-G)			00		00
<input type="radio"/> 43. Other Income (Loss) MS Schedule N			00		00
<input type="radio"/> 44. Total Income (Add Lines 33 through 43)			00		00

SCHEDULE OF ADJUSTMENTS TO GROSS INCOME

<input type="radio"/> 45. Payments to IRA			00		00
<input type="radio"/> 46. Payments to Self-Employed SEP, SIMPLE, & Qualified Retirement Plans.			00		00
<input type="radio"/> 47. Interest Penalty on Early Withdrawal of Savings			00		00
<input type="radio"/> 48. Alimony Paid (Complete Schedule P Below.)			00		00
<input type="radio"/> 49. Moving Expense (Must Attach Fed. Form 3903)			00		00
<input type="radio"/> 50. National Guard or Reserve Pay Exclusion per Taxpayer			00		00
<input type="radio"/> 51. MS Prepaid Affordable College Tuition (MPACT) and/or MS Affordable College Savings (MACS)			00		00
<input type="radio"/> 52. Self-Employed Health Insurance Deduction			00		00
<input type="radio"/> 53. Health Savings Account Deduction			00		00
<input type="radio"/> 54. Total Adjustments (Add Lines 45 through 53.)			00		00
<input type="radio"/> 55. Adjusted Gross Income (Line 44 minus Line 54.) Carry Total AGI to Line 15b & MS AGI Line 15a.			00		00
<input type="radio"/> 56. Split MS AGI on Line 56 between Taxpayer (T) & Spouse (S). T			00	S	00

Schedule P - Alimony Paid

If a deduction is claimed for Alimony Paid, please furnish the name, SSN, and the state of residency of the individual to whom amount was paid.

Name

SSN of Recipient

State of Residency

EXPLANATION FOR CHANGES TO ORIGINAL RETURN

THIS RETURN MUST BE SIGNED. Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief this return is true, correct and complete.

Taxpayer Signature

Taxpayer Phone

This Return may be discussed with the preparer.

Paid Firm Identification Number or PTIN

Spouse Signature (If joint, BOTH must sign)

Date

☐ Yes ☐ No

Paid Preparer Social Security Number or PTIN

Paid Preparer Signature

Date

Paid Preparer (Print Firm Name)

Paid Preparer Phone

Paid Preparer Address